

PROVIDER BULLETIN No. 14-03

DATE: March 6, 2014

TO: All Nebraska Medicaid Providers of Hearing Aid Services

FROM: Vivianne M. Chaumont, Director 
Division of Medicaid & Long-Term Care

BY: Lea Clauss
Program Integrity

RE: National Correct Coding Initiative (NCCI) regarding conformity evaluations

Please share this information with professional, clinical, administrative, and billing Staff.

The Centers for Medicare and Medicaid Services (CMS) requires that state Medicaid programs implement the methodologies of the National Correct Coding Initiative (NCCI). CMS originally developed the NCCI methodologies in 1996 to promote national correct coding methodologies and to control improper coding leading to inappropriate payments of Medicare claims.

The NCCI edits are effective for claims received on or after April 1, 2011, for service dates beginning October 1, 2010. Compliance with the edits may be determined prospectively (pre-payment editing that results in a claim denial) or retrospectively (post-payment editing that results in a refund request).

HCPCS Code V5020 (Conformity Evaluation) cannot be reported on the claim with more than one unit per line, and must be appended with the appropriate (LT) or (RT) modifier.

The appropriate use of modifiers is an important part of the accurate reporting of services on claims. Modifiers may be appended to procedure codes when the clinical circumstances justify the modifiers. A modifier should not be appended to a procedure code solely to bypass an NCCI edit. Please review the NCCI Manuals on the CMS website for specific directions on how to use modifiers.

Information about the National Correct Coding Initiative is available on the Department's website at http://dhhs.ne.gov/medicaid/Pages/med_ncci.aspx.

If you have questions about NCCI, NCCI related denials, adjustments or appeals, please contact by phone at (402)471-1019 or via e-mail at lea.clauss@nebraska.gov